

Fact Sheet

Fetal Alcohol Spectrum Disorder

What is Fetal Alcohol Spectrum Disorder (FASD)?

Fetal Alcohol Spectrum Disorder is a medical condition describing the mental and physical birth defects in children whose mothers drank when they were pregnant.

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE) are terms that are also used to describe problems caused by alcohol in unborn babies. Physical defects of FAS can include small widely spaced eyes, flat mid-face, short, upturned nose, smooth, wide space between the nose and the upper lip, thin upper lip and underdeveloped jaw. The most serious characteristics of FAS are those associated with damage to the brain. These symptoms include intellectual impairment and learning and behaviour disorders.

Some babies are born with some but not all of the usual symptoms associated with FAS. These symptoms are sometimes called Fetal Alcohol Effects or FAE. A person with FAE may not have any physical symptoms, but learning and behaviour difficulties can be just as severe as they are with FAS. The term, Fetal Alcohol Spectrum Disorder is now commonly used to describe the range of problems associated with both FAS and FAE. FASD is a medical condition that must be diagnosed by a doctor.

What causes FASD?

FASD is caused by the mother drinking alcohol while she is pregnant. Damage to the unborn baby caused by alcohol is permanent. There is no cure for FASD. There is no way to fix the brain damage.

Possible FASD symptoms related to learning:

The abilities of learners with FASD can vary greatly. Many people with FASD have graduated from high school with little additional support. Other people require a lot of extra support and adaptations to a curriculum.

Other Difficulties:

- difficulty understanding cause and effect relationships
- poor problem solving skills
- difficulty with abstract concepts (math, time, money)

What specific strategies can help learners with FASD?

Strategies for difficulty with memory:

- Concepts presented in a concrete fashion (i.e., with examples) will be easier to learn and remember than abstract concepts.
- Concepts are easier to learn and remember when they are presented in a familiar context or in a context in which the skill will be used.
- Concepts paired with a visual representation (i.e. pictures, charts, graphs) may be easier to learn and remember.
- Learning through art and music activities may use the learner's strengths and is often an area where a learner with FASD will shine.
- The parts of memory that involve paying attention can be enhanced through memory games and teaching memory strategies.
- Use cuing (i.e., hinting) or prompting to help the learner recall details.
- When giving verbal instructions, write down the main points on an overhead or blackboard.
- Provide one instruction at a time until the learner can remember two instructions; provide two instructions at a time until the learner can remember three; and build up the amount from there.
- Provide opportunities for the learner to practice oral direction and/or instruction, i.e., in each classroom, write what is going to happen each day/in each lesson, on the board.
- When the learner appears to have learned a rote-skill, continue practicing and aim for "over-learning".

Strategies for short attention span, distractibility and hyperactivity:

- Keep visual and auditory distractions to a minimum.
- Make a quiet working area within the classroom like a carrel or an office.
- Avoid harsh lighting; use full spectrum lighting.
- Have a consistent, predictable schedule of activities.
- Teach the learner to use “self-talk” to help stay focused (e.g., “The first thing I have to do is ...”) and to curb impulsive behaviour (e.g. “Stop and think”). Model this behaviour in order to encourage the learner to do this.
- Teach the learner to curb impulsive behaviour by knowing how to initiate action, when to initiate action, and how to inhibit behaviours until things are thought through.
- Some learners are calmed by quiet background music.
- A learner who needs the stimulation of movement could do some activities, such as reading, in a rocking chair.
- Try meeting the need for physical stimulation by allowing the learner to use a squeezing ball.
- Arrange a quiet area to use when distractions are too great.
- Do not expect too little, but do not demand too much — that is the challenge. Set reasonable learning expectations based on the learner’s abilities and learning goals.

Strategies for poor motor skills and/or coordination:

- Reduce the amount of copying required (e.g., from the blackboard), provide a photocopy for the learners to use at their desks.
- Allow extra time for writing, but recognize the learner’s difficulty in sustaining the motor activity of writing, even if more time is available.
- Notice whether spelling improves when you ask the learner to spell out loud rather than in written form. If this is the case, it might be because the motor skills involved in writing are not fully automatic.

